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TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>		Application Number	09/877,370
		Filing Date	June 7, 2001
		First Named Inventor	Firoz Kanchwala
		Group Art Unit Number	2164
		Examiner Name	Charles Rones
Total Number of Pages in This Submission	26	Attorney Docket Number	23402-09411

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s):
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> [] Sheet(s) of Figure(s) []
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input checked="" type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input checked="" type="checkbox"/> Copies of IDS Cited References	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> Amendment/Response: [7] Pages <input type="checkbox"/> After Final	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Status Request	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT	
Signature:	
Attorney/Reg. No.:	Jennifer R. Bush, Reg. No. 50,784
Dated:	December 8, 2005

CERTIFICATE OF MAILING	
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